

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32201

State File No. _____

FILED OCT 13 1943

Registration District No. 243

Primary Registration District No. 43635831

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Franklinburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi. S.W. of Fairview, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 10 yrs.

3. (a) PRINT FULL NAME Ida Cordelia Smith

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Smith 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased December 7, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 9 26 hr. min.

9. Birthplace Newton county Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name George Martin
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Smith
(b) Address Rt. 1, Stark City, Mo.

17. (a) Burial (b) Date thereof 9-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macdonald Cemetery

18. (a) Signature of funeral director W. D. Hoard
(b) Address Cassville, Mo.

19. (a) 9-10-43 (b) Alpha R. Hale Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi S.W. of Fairview, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1 to Sept 3, 1943
that I last saw her alive on Sept 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature John R. Ellison (M.D. or other) Do
Address St. Louis, MO Date signed Sept 9, 43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

W. C. Koon....., Registered Apprentice No. 338
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2456

P. O. Address..... Cassville, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.